



Fair Havens Ministries
 B2215, Hwy #48 East, R.R. #3
 Beaverton, Ontario L0K 1A0
 Tel: 1-800-430-5059 Fax: 705-426-9572
 www.fairhavens.org



Great ways to save...

- Save more by registering a **GROUP of 10+** for COMPLETE weekend package
- PAY IN FULL by **Aug 14, 2020** and receive a **\$25 Gift Card** for The Word Shoppe!
- VISA and MASTERCARD only accepted online. Debit/Visa debit not accepted.

BE *Still* & KNOW THAT I AM *God* PSALM 46:10
 September 25-27, 2020

**All roommate registrations must be sent in together.
 For additional roommates, please use a separate sheet.**

Your information

Name: _____ Site # (if applicable): _____ Church: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____
 Staying with #1: _____ #2: _____

Cost per person (Check one. Note: Single occupancy available. Call for rates)

| | | | |
|--------------------------|---|---------------------|--------------------------|
| Lodge | (washrooms off hall) | Triple Occupancy | \$180 per person = _____ |
| | | Double Occupancy | \$190 per person = _____ |
| Motel | (ensuite washroom) | Triple Occupancy | \$195 per person = _____ |
| | | Double Occupancy | \$220 per person = _____ |
| Fair Glen Lodging | (bringing own bedding, towels and pillows) | | \$160 per person = _____ |
| Season Site | (staying in trailer) | Program Fee + Meals | \$150 per person = _____ |
| Day Rate | (includes Saturday lunch, dinner, program and snacks) | | \$75 per person = _____ |

Weekend Rate Includes: 2 nights accommodations, 5 delicious buffet meals (Saturday breakfast, lunch, premium dinner, Sunday breakfast, lunch), 2 deluxe "healthy" snacks, 4 Inspirational Sessions with Dr. Linda Reed, Stirring Praise and Worship led by Laura Scarborough, Saturday afternoon optional activities.

Discount

Group accommodation 10+ (10% accommodation discount will be applied by Registrar) (subtract) = - _____
 Early Bird Discount (\$25 Gift Card will be given upon arrival) Subtotal = _____
 HST (13% tax) = _____
 Total Cost Per Person = _____

Payment

\$50 Non-Refundable Deposit required to hold spot for ALL registrations

Full Payment Credit Card # _____ Expiry (mm/yy) ____/____ Payment Date _____
(Visa or Mastercard. Debit/Visa debit not accepted. E-transfer: accounting@fairhavens.org)

Special dietary or accessibility needs: _____ (for office use)